| Fill       | in this info                            | rmation to identify yo   | our case:                                 |   |  |  |                 |           |                               |
|------------|---|--|---|---|--|--|-----------------|-----------|-------------------------------|
| Deb        | otor 1                                  | Ming Lie   |   |   |  | Ch                                       | eck if this is: |           |                               |
|            |   | <u></u>  |   |   |  |  | An amende       | ed filing |                               |
| Deb        | otor 2                                  | Ki Ki Lie  |   |   |  |  |                 |           | ving postpetition chapter     |
| (Sp        | ouse, if filing                         | )  |   |   |  |  | 13 expense      | es as of  | the following date:           |
| Unit       | ted States Ba                           | ankruptcy Court for the  | EASTE                                     | RN DISTRICT OF PENNS  | YLVANIA                                  |  | MM / DD /       | YYYY      |                               |
| Cas        | se number                               | 18-11814   |   |   |  |  |                 |           |                               |
| (If k      | nown)                                   |  |   |   |  |  |                 |           |                               |
| 0          | fficial F                               | orm 106J   |   |   |  |  |                 |           |                               |
|            |   | le J: Your   | Expen                                     | ises  |  |  |                 |           | 12/1                          |
| Be<br>info | as comple<br>ormation. I<br>mber (if kn | ete and accurate as<br>If more space is ne<br>lown). Answer ever | s possible.<br>eded, attac<br>ry question | If two married people ar                                    |  |  |                 |           | or supplying correct          |
| Par<br>1.  |   | escribe Your House joint case?                                   | noia                                      |   |  |  |                 |           |                               |
|            |   | o to line 2.   |   |   |  |  |                 |           |                               |
|            |   | Does Debtor 2 live   | in a separa                               | ate household?  |  |  |                 |           |                               |
|            |   | ■ No   |   |   |  |  |                 |           |                               |
|            |   |  | st file Officia                           | al Form 106J-2, <i>Expense</i> s                            | for Separate House                       | ehold of De                              | ebtor 2.        |           |                               |
| 2.         | Do you h                                | nave dependents?   | □ No                                      |   |  |  |                 |           |                               |
| -          | -                                       | •  |   | Fill out this information for                               | Daman dantia valati                      | lationship to Dependent's Does dependent |                 |           | Dago danandant                |
|            | Do not ils<br>Debtor 2.                 | st Debtor 1 and  | Yes.                                      | Fill out this information for each dependent                | Dependent's relati<br>Debtor 1 or Debtor |  | age             | ents      | Does dependent live with you? |
|            | Do not ot                               | ata tha  |   |   |  |  |                 |           | □ No                          |
|            | Do not st depende                       | nts names.   |   |   | son                                      |  | 17              |           | ■ Yes                         |
|            | ·                                       |  |   |   |  |  |                 |           | □ No                          |
|            |   |  |   |   |  |  |                 |           | ☐ Yes                         |
|            |   |  |   |   |  |  |                 |           | ☐ No                          |
|            |   |  |   |   |  |  |                 |           | ☐ Yes                         |
|            |   |  |   |   |  |  |                 |           | □ No                          |
| 3.         | Do your                                 | expenses include   | _   |   |  |  |                 |           | ☐ Yes                         |
| Э.         | expense                                 | s of people other t<br>and your depende                          | han 🗖                                     | No<br>Yes   |  |  |                 |           |                               |
|            |   | timate Your Ongoi  |   |   |  |  |                 |           |                               |
| exp        |   | of a date after the  |   | uptcy filing date unless y<br>y is filed. If this is a supp |  |  |                 |           |                               |
|            |   |  |   | government assistance i                                     |  |  |                 |           |                               |
| (Of        | ficial Form                             | n 106l.)   |   |   |  |  | Yo              | our expe  | enses                         |
| 4.         |   | al or home owners<br>s and any rent for th                       |   | ses for your residence. In                                  | nclude first mortgage                    | e<br>4.                                  | \$              |           | 1,975.31                      |
|            | If not inc                              | luded in line 4:   |   |   |  |  |                 |           |                               |
|            | 4a. Re                                  | eal estate taxes   |   |   |  | 4a.                                      | \$              |           | 0.00                          |
|            |   | operty, homeowner's  | s, or renter'                             | s insurance   |  | 4b.                                      | ·               |           | 0.00                          |
|            |   | ome maintenance, re  | •   |   |  | 4c.                                      | \$              |           | 0.00                          |
| _          |   | meowner's associat   |   | dominium dues   | and a month of the con-                  | 4d.<br>5                                 | ·               |           | 0.00                          |
| 5          | AUDITION                                | a momana navm  | with the VA                               | uu rasinanea ellen se ho                                    | THE PUBLITY INSING                       | 5  | •               |           | 11 1111                       |

| Debi       |        | Ming Lie<br>Ki Ki Lie   |  | Case num      | ber (if known) | 18-11814 |  |  |  |  |
|------------|--------|---|--|---------------|----------------|----------|--|--|--|--|
| 6.         | Utilit | ioc.  |  |               |                |          |  |  |  |  |
| 0.         | 6a.    |   | , heat, natural gas  | 6a.           | \$             | 280.00   |  |  |  |  |
|            | 6b.    |   | wer, garbage collection  | 6b.           | \$             | 80.00    |  |  |  |  |
|            | 6c.    |   | e, cell phone, Internet, satellite, and cable services   | 6c.           | \$             | 120.00   |  |  |  |  |
|            | 6d.    | Other. Spe  |  | 6d.           | \$             | 0.00     |  |  |  |  |
| 7.         |        |   | ekeeping supplies  | 7.            | \$             | 550.00   |  |  |  |  |
| 8.         |        |   | children's education costs   | 8.            | \$             | 0.00     |  |  |  |  |
| 9.         | -      |   | Iry, and dry cleaning  | 9.            | \$             | 100.00   |  |  |  |  |
|            |        | _   | products and services  | 10.           | \$             | 40.00    |  |  |  |  |
|            |        | •   | ntal expenses  | 11.           | :              | 125.00   |  |  |  |  |
|            |        |   | Include gas, maintenance, bus or train fare.   |               | · —            |          |  |  |  |  |
|            |        |   | ar payments.   | 12.           | \$             | 190.00   |  |  |  |  |
| 13.        | Ente   | rtainment,  | clubs, recreation, newspapers, magazines, and books  | 13.           | \$             | 50.00    |  |  |  |  |
| 14.        | Char   | itable cont   | tributions and religious donations   | 14.           | \$             | 0.00     |  |  |  |  |
| 15.        |        | rance.  |  |               |                |          |  |  |  |  |
|            |        |   | nsurance deducted from your pay or included in lines 4 or 20.  |               | _              |          |  |  |  |  |
|            |        | Life insura   |  | 15a.          | ·              | 150.00   |  |  |  |  |
|            |        | Health ins  |  | 15b.          | ·              | 0.00     |  |  |  |  |
|            |        | Vehicle in:   |  | 15c.          | ·              | 120.00   |  |  |  |  |
|            |        |   | urance. Specify:   | 15d.          | \$             | 0.00     |  |  |  |  |
| 16.        |        |   | nclude taxes deducted from your pay or included in lines 4 or 20.  | 40            | •              |          |  |  |  |  |
|            | Spec   | ·   |  | 16.           | \$             | 0.00     |  |  |  |  |
| 17.        |        |   | ease payments:<br>ents for Vehicle 1   | 17a.          | ¢              | 0.00     |  |  |  |  |
|            |        | . ,   | ents for Vehicle 2   | 17a.<br>17b.  | ·              | 0.00     |  |  |  |  |
|            |        | . ,   |  | 17b.<br>17c.  | · -            | 0.00     |  |  |  |  |
|            |        | Other, Spe  |  |               | ·              | 0.00     |  |  |  |  |
| 10         |        | Other. Spe  | ·  | 17d.          | Ф              | 0.00     |  |  |  |  |
| 10.        |        |   | of alimony, maintenance, and support that you did not report a your pay on line 5, Schedule I, Your Income (Official Form 106) |               | \$             | 0.00     |  |  |  |  |
| 19.        |        |   | s you make to support others who do not live with you.   | ,-            | \$             | 0.00     |  |  |  |  |
|            | Spec   |   | , ,  | 19.           |                | 0.00     |  |  |  |  |
| 20.        |        | ,   | erty expenses not included in lines 4 or 5 of this form or on Sc   | hedule I: Yo  | our Income.    |          |  |  |  |  |
|            |        |   | s on other property  | 20a.          |                | 0.00     |  |  |  |  |
|            | 20b.   | Real estat  | te taxes   | 20b.          | \$             | 0.00     |  |  |  |  |
|            | 20c.   | Property, I   | homeowner's, or renter's insurance   | 20c.          | \$             | 0.00     |  |  |  |  |
|            | 20d.   | Maintenar   | nce, repair, and upkeep expenses   | 20d.          | \$             | 0.00     |  |  |  |  |
|            | 20e.   | Homeown   | ner's association or condominium dues  | 20e.          | \$             | 0.00     |  |  |  |  |
| 21.        | Othe   | r: Specify:   |  | 21.           | +\$            | 0.00     |  |  |  |  |
|            |        |   |  |               |                |          |  |  |  |  |
| 22.        |        | -   | monthly expenses   |               |                |          |  |  |  |  |
|            |        |   | through 21.  |               | \$             | 3,780.31 |  |  |  |  |
|            |        |   | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   | 2             | \$             |          |  |  |  |  |
|            | 22c.   | Add line 22   | a and 22b. The result is your monthly expenses.  |               | \$             | 3,780.31 |  |  |  |  |
| 23         | Calc   | ulate vour  | monthly net income.  |               |                |          |  |  |  |  |
| 20.        |        | -   | 12 (your combined monthly income) from Schedule I.   | 23a.          | \$             | 4,044.78 |  |  |  |  |
|            |        |   | r monthly expenses from line 22c above.  | 23b.          | ·              | 3,780.31 |  |  |  |  |
|            |        | copy you.   | Thomany expended from the 225 above.   | 200.          |                | 3,700.31 |  |  |  |  |
|            | 23c.   | Subtract v  | our monthly expenses from your monthly income.   |               |                |          |  |  |  |  |
|            |        |   | t is your monthly net income.  | 23c.          | \$             | 264.47   |  |  |  |  |
| 24.        | Do v   | ou expect   | an increase or decrease in your expenses within the year after   | vou file this | form?          |          |  |  |  |  |
| <b>∠4.</b> | For ex | Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? |  |               |                |          |  |  |  |  |
|            | ■ N    |   |  |               |                |          |  |  |  |  |
|            | □ Y    |   | Explain here:  |               |                |          |  |  |  |  |
|            | ,      | · · · · · · · · · · · · · · · · · · ·   |  |               |                |          |  |  |  |  |